



ILLINOIS MATERNAL & CHILD HEALTH COALITION

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Comments on Illinois' Selection of Essential Health Benefits Submitted September 19, 2012

On behalf of the Illinois Maternal and Child Health Coalition (IMCHC), thank you for the opportunity to comment on Illinois' selection of our state's Essential Health Benefits (EHB).

IMCHC is a statewide, nonprofit organization that focuses on the promotion and improvement of health outcomes for women, children, and their families through advocacy, education, and community empowerment. For nearly 25 years, we have fought for affordable, high-quality health care, and have a strong interest in ensuring that Illinois residents have every available opportunity to benefit from full implementation of the Affordable Care Act (ACA) in Illinois.

Selecting an EHB for Illinois that includes a wide range of services for women and children must be a priority. In general, we recommend that Illinois does not choose any of the federal employee plan options, primarily because these plans do not include important state mandates that require coverage for vital services, such as infertility services and the diagnosis and treatment of autism in children.

In order to ensure additional protections for women and other vulnerable populations, we suggest that very specific restrictions on discriminatory practices, based on sex, race, color, or national origin are written into the benchmark plan.

We also encourage Illinois officials, and eventually, the state-based Exchange, to monitor and update the EHB package continuously to ensure that the needs of women and children are being met and to allow for ongoing stakeholder input.

IMCHC has listed services that we strongly recommend for inclusion in Illinois' EHB selection below:

In regards to ***ambulatory services***, women-specific services, we believe infertility treatments, breast reconstruction surgery, and medical contraceptives should be covered. These services play a critical role in women's health.

Maternity and newborn care must be broad and include coverage for preconception, pre- and post-natal care, labor and delivery, inpatient delivery services, post-partum care, and newborn coverage. Illinois' EHB should also allow for the coverage of services delivered by all state-licensed maternity providers or locations, such as the use of a midwife or delivery at a birth center.

Additionally, maternity and newborn care should also be included in the benefits for dependent coverage. These are important services that cannot be overlooked for dependents, especially given that young adults can now remain on their parent's private health insurance plans.

Depression affects one in eight women in their lifetime and is a condition that is two times more likely to affect women than men. ***Mental health and substance abuse services*** must include in- and outpatient hospital services for behavioral and mental health conditions, as well as coverage for chemical dependencies and detox services. Additionally, we suggest that plans also cover counseling or training in connection with family, sexual, marital, or occupational issues. Coverage for post-partum depression and eating disorders must also be included, given that eating disorders account for the highest premature

fatality rate of any mental illness. Eating disorders affect an estimated 10 million women in the US, which is more women than those affected by Alzheimer's and schizophrenia combined.

Prescription drug coverage must include retail, mail-order, generic, and brand-name medications, including contraceptives and specialty drugs; tobacco cessation; and fertility drugs. IMCHC has strong concerns about coverage limits that may include only one drug per category/class because the one covered drug may not work or may cause adverse side effects in some people.

This is important to consider, especially for certain conditions that disproportionately affect women, such as depression, fibromyalgia, or multiple sclerosis. If only one drug for each of these diseases is covered women will be forced to pay higher premiums for different drugs or suffer the risks associated with the only covered drug.

In regards to **pediatric benefits**, including **oral and vision services**, we suggest that Illinois supplement the EHB selection with the state's Children's Health Insurance Program dental coverage as the pediatric oral services benchmark and the federal employee's pediatric vision plan as the benchmark.

Other pediatric benefits that should be included in Illinois' EHB selection are speech and corrective audiology therapy; nutritional counseling, special diets, infant formula and feeding devices for nutritional support and disease specific metabolic needs; and preventive health services (e.g., well child visits). In regards to habilitative services for children, physical, occupational, and speech therapy, as well as treatment for autism spectrum disorders, including respite and nursing services, should be included.

Illinois should use the same definition for **habilitative services** used by the National Association of Insurance Commissioners (NAIC). Habilitative services are critical, especially for children with disabilities and, in many cases, these are the same types of services covered under rehabilitative services, but historically have not been covered by insurance plans due to a pattern of coverage restrictions for developmental or non-restorative diagnoses. For example, occupational therapy (OT) is generally covered under insurance if a child loses the ability to write due to a hand injury, but OT is generally not covered for a child who has cerebral palsy and is not able to use their hands fully from birth.

Medicaid services for children, including those provided through the Children's Health Insurance Program and Medicaid waivers, such as the Medically Fragile/Technology Dependent waiver, have typically tried to fill this gap in habilitative coverage by providing services for developmental conditions. The guarantee of coverage of all medically necessary treatment in Medicaid through the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program and the services covered by Medicaid as a result should be the "benchmark" that Illinois achieves, in order to determine the appropriate coverage for children with special needs in EHB plans. Medicaid programs have the experience of providing habilitative services that allow children with special health care needs and disabilities to gain function and become integrated into their schools, homes, and communities.

At a minimum, the state should require that plans cover habilitative services that are in parity with rehabilitative services in order to remove the discrimination that has long existed.

We hope that you will continue to use IMCHC as a resource on this issue. If you have additional questions, please contact Kathy Chan, IMCHC's Director of Policy and Advocacy at 312-491-8161x24 or at kchan@ilmaternal.org. Thank you again for the opportunity to comment.